

⁹ With the exception of the MSSC-R, respondents only complete Service Experience Study measures at follow-up points. See Footnote #3 for the explanation about the average number of responses per respondent.

¹⁰ Approximate number of children/families in each sector, for the Sector and Comparison Study. This includes cases within the communities, as well as within the comparison sample.

¹¹ For each community, 1 respondent will be a caregiver and 3 respondents will be administrators/providers.

¹² Assumes that each community will use flexible funds expenditures on average for approximately one quarter of the children/youth enrolled.

¹³ Assumes that three expenditures, on average, will be spent on each child/youth receiving flexible fund benefits.

¹⁴ Assumes that each child/youth in system of care communities and in the comparison sample will have 100 service episodes, on average.

Written comments and recommendations concerning the proposed information collection should be sent by August 28, 2009 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: July 27, 2009.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. E9-18317 Filed 7-30-09; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Substance Abuse and Mental Health Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Substance Abuse and Mental Health Services Administration (SAMHSA) will publish a summary of information collection requests under OMB review, in compliance with the Paperwork Reduction Act (44 U.S.C. Chapter 35). To request a copy of these documents, call the SAMHSA Reports Clearance Officer on (240) 276-1243.

Project: National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program: Phase V (OMB No. 0930-0280)—Revision

The Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Mental Health Services (CMHS) is responsible for the

National Evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, which collects data on child mental health outcomes, family life, and service system development and performance. Data will be collected on 30 service systems and roughly 8,810 children and families.

The data collection for this evaluation will be conducted for a 3-year period. The core of service system data will be collected twice (every 18 to 24 months) during the 3-year evaluation period. A sustainability survey will be conducted in selected years. Service delivery and system variables of interest include the following: Maturity of system of care development; adherence to the system of care program model; services received by youth and their families, and the costs of those services; and consumer service experience.

The length of time that individual families will participate in the study ranges from 18 to 36 months depending on when they enter the evaluation. Child and family outcomes of interest will be collected at intake and during subsequent follow-up interviews at six-month intervals. Client service experience information is collected at these follow-up interviews. Measures included in an outcome interview are determined by the type of assessment (intake or follow-up), child's age, and whether the respondent is the caregiver or a youth.

The outcome measures include the following: Child symptomatology and functioning, family functioning, material resources, and caregiver strain. The caregiver interview package includes the Caregiver Information Questionnaire, Child Behavior Checklist, Behavioral and Emotional Rating Scale (BERS), Education Questionnaire, Columbia Impairment Questionnaire, Living Situations

Questionnaire, Family Life Questionnaire, and Caregiver Strain Questionnaire at intake, and also includes the Multi-service Sector Contacts Form, Cultural Competence and Service Provision Questionnaire and the Youth Services Survey (a national outcome measurement tool) at follow-up assessments. Caregivers of children under age 6 complete the Vineland Screener to assess development, and do not complete the BERS. The Youth Interview package includes the Youth Information Questionnaire, Revised Children's Manifest Anxiety Scale, Reynolds Depression Scale, BERS (youth version), Delinquency Survey, Substance Use Survey, GAIN-Quick: Substance Dependence Scale, and Youth Services Survey (youth version).

The evaluation also includes three special studies: (1) An evidence-based practices study that examines the effects of various factors on the implementation and use of evidence-based treatments and approaches in system of care communities; (2) A cultural and linguistic competence study that examines the extent to which the cultural and linguistic characteristics of communities influence program implementation and provider adaptation of evidence-based treatments, and provider service delivery decisions based on provider culture and language; and (3) an evaluation of the communities' use of reports produced by the national evaluation for continuous quality improvement. The national evaluation measures address the national outcome measures for mental health programs as currently established by SAMHSA.

Table 1 summarizes which national evaluation components are unchanged from the original 2006 submission and which are new or changed.

TABLE 1—STUDY COMPONENT AND INSTRUMENT REVISIONS FOR PHASE V RE-SUBMISSION

	New or changed for 2009 resubmission	No change	Nature of change
System of Care Assessment			
Site Visit Tables		X	
Interview Protocols		X	
Inter-Agency Collaboration Scale (IACS)		X	

TABLE 1—STUDY COMPONENT AND INSTRUMENT REVISIONS FOR PHASE V RE-SUBMISSION—Continued

	New or changed for 2009 resubmission	No change	Nature of change
Longitudinal Child and Family Outcome Study			
Caregiver Information Questionnaire (CIQ-I)	X	.....	Question 39a skip pattern revised.
Caregiver Information Questionnaire (CIQ-F)	X	.....	Question 39d list of medications updated.
Caregiver Strain Questionnaire (CGSQ) .....	.....	X	Question 39a skip pattern revised.
Child Behavior Checklist (CBCL)/Child Behavior Checklist 1½–5 (CBCL 1½–5).	.....	X	Question 39d list of medications updated.
Education Questionnaire—Revised (EQ-R)	X	.....	Slight wording change to interviewer note and the term “day care” changed to “childcare.”
Living Situations Questionnaire (LSQ) .....	.....	X	
Family Life Questionnaire (FLQ) .....	.....	X	
Behavioral and Emotional Rating Scale—Second Edition—Parent Rating Scale (BERS-2C).	.....	X	
Columbia Impairment Scale (CIS) .....	.....	X	
Vineland Screener (VS) .....	.....	X	
Delinquency Survey—Revised (DS-R) .....	.....	X	
Behavioral and Emotional Rating Scale—Second Edition, Youth Rating Scale (BERS-2Y).	.....	X	
GAIN-Quick Substance Related Issues (GAIN Quick-R).	.....	X	
Substance Use Survey—Revised (SUS-R) .....	.....	X	
Revised Children's Manifest Anxiety Scales (RCMAS).	.....	X	
Reynolds Adolescent Depression Scale—Second Edition (RADS-2).	.....	X	
Youth Information Questionnaire (YIQ-I) .....	.....	X	
Youth Information Questionnaire (YIQ-F) .....	.....	X	
Service Experience Study			
Multi-Sector Service Contacts Questionnaire—Re- vised (MSSC-R).	X	.....	Slight modification to Card 4, and Cards 6 and 7 are new.
Evidence-Based Practices Experience Measure (EBPEM).	.....	X	
Cultural Competence and Service Provision Ques- tionnaire (CCSP).	.....	X	
Youth Services Survey for Families (YSS-F) .....	.....	X	
Youth Services Survey (YSS) .....	.....	X	
Services and Costs Study			
Flex Funds Data Dictionary	X	.....	New.
Services and Costs Data Dictionary	X	.....	New.
Sustainability Study			
Sustainability Survey .....	.....	X	
Continuous Quality Improvement (CQI) Initiative Evaluation			
CQI Initiative Survey	X	.....	New.
CQI Initiative Interview Guide	X	.....	New.
Evidence-Based Practices Study			
System-level Implementation Factors Discussion Guide.	X	.....	New.
Service-level Implementation Factors Discussion Guide.	X	.....	New.
Consumer-level Implementation Factors Discussion Guide.	X	.....	New.
Cultural and Linguistic Competence Study			
CCIOSAS—Beneficiaries of Self-Assessment Find- ings Focus Group Guide—Staff and Partners.	X	.....	New.
CCIOSAS—Beneficiaries of Self-Assessment Find- ings Focus Group Guide—Caregivers.	X	.....	New.

TABLE 1—STUDY COMPONENT AND INSTRUMENT REVISIONS FOR PHASE V RE-SUBMISSION—Continued

	New or changed for 2009 resubmission	No change	Nature of change
CCIOSAS—Beneficiaries of Self-Assessment Findings Focus Group Guide—Youth.	X	.....	New.
CCIOSAS—Participants in Self-Assessments Focus Group Guide—Staff and Partners.	X	.....	New.
CCIOSAS—Participants in Self-Assessments Focus Group Guide—Caregivers.	X	.....	New.
CCIOSAS—Participants in Self-Assessments Focus Group Guide—Youth.	X	.....	New.
CCIOSAS—Users of Self-Assessment Findings Focus Group Guide—Staff and Partners.	X	.....	New.
CCIOSAS—Users of Self-Assessment Findings Focus Group Guide—Caregivers.	X	.....	New.
CCIOSAS—Users of Self-Assessment Findings Focus Group Guide—Youth.	X	.....	New.
CCIOSAS—Telephone Interview—Staff and Partners.	X	.....	New.
CCEBPS—Managers of EBP Process Focus Group Guide.	X	.....	New.
CCEBPS—Providers of EBP Focus Group Guide ...	X	.....	New.
CCEBPS—Family Focus Group Guide	X	.....	New.
CCEBPS—Youth Focus Group Guide	X	.....	New.
CCEBPS—Telephone Interview	X	.....	New.

Internet-based technology will be used for data entry and management, and for collecting data using Web-based surveys. The average annual respondent burden, with detail provided about burden contributed by specific

measures, is estimated below. The estimate reflects the average number of respondents in each respondent category, the average number of responses per respondent per year, the average length of time it will take for

each response, and the total average annual burden for each category of respondent and for all categories of respondents combined.

TABLE 2—DETAILED ESTIMATE OF RESPONDENT BURDEN

[Note: Total burden is annualized over a 3-year period.]

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	3-year average annual burden hours
System of Care Assessment						
Interview Guides and Data Collection Forms.	Key site informants.	¹ 630	1	1.00	630	210
Interagency Collaboration Scale (IACS).	Key site informants.	630	1	0.13	82	27
Longitudinal Child and Family Outcome Study						
Caregiver Information Questionnaire (CIQ-IC).	Caregiver	² 8,810	1	0.283	2,493	831
Caregiver Information Questionnaire Followup (CIQ-FC).	Caregiver	8,810	³ 2	0.200	3,524	1,175
Caregiver Strain Questionnaire (CGSQ).	Caregiver	8,810	3	0.167	4,414	1,471
Child Behavior Checklist (CBCL)/ Child Behavior Checklist 1½–5 (CBCL 1½–5).	Caregiver	8,810	3	0.333	8,801	2,934
Education Questionnaire—Revised (EQ-R).	Caregiver	8,810	3	0.333	8,801	2,934
Living Situations Questionnaire (LSQ).	Caregiver	8,810	3	0.083	2,194	731
The Family Life Questionnaire (FLQ)	Caregiver	8,810	3	0.050	1,322	441
Behavioral and Emotional Rating Scale—Second Edition, Parent Rating Scale (BERS-2C).	Caregiver	⁴ 7,488	3	0.167	4,193	1,398
Columbia Impairment Scale (CIS)	Caregiver	⁵ 8,369	3	0.083	2,084	695
The Vineland Screener (VS)	Caregiver	⁶ 1,321	3	0.250	330	110

TABLE 2—DETAILED ESTIMATE OF RESPONDENT BURDEN—Continued

[Note: Total burden is annualized over a 3-year period.]

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	3-year average annual burden hours
Delinquency Survey—Revised (DS-R).	Youth	⁷ 5,286	3	0.167	2,648	883
Behavioral and Emotional Rating Scale—Second Edition, Youth Rating Scale (BERS-2Y).	Youth	5,286	3	0.167	2,648	883
Gain-Quick Substance Related Issues (Gain Quick-R).	Youth	5,286	3	0.083	1,316	439
Substance Use Survey—Revised (SUS-R).	Youth	5,286	3	0.100	1,586	529
Revised Children's Manifest Anxiety Scales (RCMAS).	Youth	5,286	3	0.050	793	264
Reynolds Adolescent Depression Scale—Second Edition (RADS-2).	Youth	5,286	3	0.050	793	264
Youth information Questionnaire—Baseline (YIQ-I).	Youth	5,286	1	0.167	883	294
Youth information Questionnaire—Follow-up (YIQ-F).	Youth	5,286	2	0.167	1,766	589
Service Experience Study						
Multi-Sector Service Contacts—Revised (MSSC-R).	Caregiver	8,810	⁸ 2	0.250	4,405	1,468
Evidence-Based Practice Measure (EBPEM).	Caregiver	8,810	2	0.167	2,943	981
Cultural Competence and Service Provision Questionnaire (CCSP).	Caregiver	8,810	2	0.167	2,943	981
Youth Services Survey—Family (YSS-F).	Caregiver	8,810	2	0.117	2,062	687
Youth Services Survey (YSS)	Youth	5,286	2	0.083	877	292
Services and Costs Study						
Flex Funds Data Dictionary	Local staff compiling/entering data.	⁹ 2,670	¹⁰ 3	0.033	218	73
Services and Costs Data Dictionary	Local staff compiling/entering data.	¹¹ 10,680	¹² 100	0.033	29,073	9,691
Sustainability Study						
Sustainability Survey—Caregiver	¹³ Caregiver	52	2	0.75	78	26
Sustainability Survey—Provider	¹³ Provider/Administrator.	156	2	0.75	234	78
CQI Benchmarking Initiative Evaluation						
CQI Initiative Survey	Key community staff.	150	1	0.5	75	25
CQI Initiative Interview Guide	Key community staff.	50	1	1.0	50	17
Evidence-Based Practices Study						
The Implementation Factors Discussion Guide.	SOC leadership team member.	90	1	0.75	68	23
The Implementation Factors Discussion Guide.	Provider	60	1	0.75	45	15
The Implementation Factors Discussion Guide.	Caregivers	30	1	0.5	15	5
Cultural and Linguistic Competence Study						
CCIOSAS—Beneficiaries of Self-Assessment Findings.	Provider	40	1	1.0	40	13
CCIOSAS—Beneficiaries of Self-Assessment Findings.	Administrators/Managers.	20	1	1.5	30	10

TABLE 2—DETAILED ESTIMATE OF RESPONDENT BURDEN—Continued

[Note: Total burden is annualized over a 3-year period.]

Instrument	Respondent	Number of respondents	Total average number of responses per respondent	Hours per response	Total burden hours	3-year average annual burden hours
CCIOSAS—Beneficiaries of Self-Assessment Findings.	Caregivers	40	1	0.75	30	10
CCIOSAS—Beneficiaries of Self-Assessment Findings.	Youth	40	1	0.75	30	10
CCIOSAS—Participants in Self-Assessments.	Provider	40	1	1.0	40	13
CCIOSAS—Participants in Self-Assessments.	Administrators/Managers.	20	1	1.5	30	10
CCIOSAS—Participants in Self-Assessments.	Caregivers	16	1	0.75	12	4
CCIOSAS—Participants in Self-Assessments.	Youth	16	1	0.75	12	4
CCIOSAS—Users of Self-Assessment Findings.	Provider	40	1	1.0	40	13
CCIOSAS—Users of Self-Assessment Findings.	Administrators/Managers.	20	1	1.5	30	10
CCIOSAS—Users of Self-Assessment Findings.	Caregivers	16	1	0.75	12	4
CCIOSAS—Users of Self-Assessment Findings.	Youth	16	1	0.75	12	4
CCIOSAS—Telephone Interview	Providers	2	1	1.0	2	0.67
CCIOSAS—Telephone Interview	Administrators/Managers.	3	1	1.0	3	1
CCEBPS—Managers of EBP Process.	Providers	16	1	1.0	16	5
CCEBPS—Managers of EBP Process.	Administrators/Managers.	20	1	1.5	30	10
CCEBPS—Providers of EBP	Providers	40	1	1.0	40	13
CCEBPS—Families and Youth	Caregivers	40	1	0.75	30	10
CCEBPS—Families and Youth	Youth	40	1	0.75	30	10
CCEBPS—Telephone Interview	Providers	2	1	1.0	2	0.67
CCEBPS—Telephone Interview	Administrators/Managers.	3	1	1.0	3	1

TABLE 2—ESTIMATE OF RESPONDENT BURDEN (CONTINUED)

	Number of distinct respondents	Number of responses per year per respondent	Average annual burden per response (hours)	Total annual burden (hours)
Summary of Annualized Burden Estimates for 3 Years				
Caregivers	8,810	2.46	2.36	51,147
Youth	5,286	2.56	0.99	13,397
Community staff	870	72.22	0.86	54,035
Total Summary	14,996	6.54	.....	118,579
Total Annual Average Summary	4,989	2.18	.....	39,526

¹ An average of 21 constituents in up to 30 grant communities will complete the System of Care Assessment interview. These constituents will include site administrative staff, providers, agency representatives, family representatives, and youth.

² Number of respondents across 30 grantees. Average based on a 5 percent attrition rate at each data collection point.

³ Average number of responses per respondent is a weighted average of the possible numbers of responses per respondent for communities beginning data collection in FY2007 and FY2008. The maximum numbers of responses per respondent are for 24 communities beginning data collection in FY2007, 1 follow-up data collection point remaining for children/youth recruited in year 2 (of grant community funding), 3 for children/youth recruited in year 3, 4 for children/youth recruited in year 4, and 4 for children/youth recruited in year 5. The maximum numbers of responses per respondent are, for 6 communities beginning data collection in FY2008, 3 follow-up data collection points remaining for children/youth recruited in year 2 (of grant community funding), 5 for children/youth recruited in year 3, 6 for children/youth recruited in year 4, and 4 for children/youth recruited in year 5.

⁴ Approximate number of caregivers with children over age 5, based on Phase V data submitted as of 12/08.

⁵ Approximate number of caregivers with children 3 and older, based on Phase V data submitted as of 12/08.

⁶ Approximate number of caregivers with children 5 or under, based on Phase V data submitted as of 12/08.

⁷ Based on Phase III and IV finding that approximately 60 percent of the children/youth in the evaluation were 11 years old or older.

⁸ Respondents only complete Service Experience Study measures at follow-up points. See Footnote #3 for the explanation about the average number of responses per respondent.

⁹ Staff will enter data on flexible funds expenditures into a Web-based application or will recode existing data on flexible funds expenditures to match the Flex Funds Data Dictionary format. Each community will use flexible funds expenditures on average for approximately one-quarter of the estimated 356 children/youth enrolled, suggesting a total of 89 children/youth will receive services from flexible funds per community. Thus, there will be data entered for $89 \times 30 = 2,670$ children/youth using the Flex Funds Data Dictionary.

¹⁰ Assumes that three expenditures, on average, will be spent on each child/youth receiving flexible fund benefits.

¹¹ Staff will collect paper-based forms from agencies and enter them into a Web-based application or will extract data from agencies' existing data systems. Staff will recode data to match the Services and Costs Data Dictionary format. Service and costs records will be compiled for all $356 \times 30 = 10,680$ children/youth enrolled.

¹² Assumes that each child/youth will have 100 service episodes, on average, during his/her time in a system of care.

¹³ This survey will be administered in 5 communities funded in 2006, 25 communities funded in 2005, 2 communities funded in 2000, and 20 communities funded in 1999. For each community, one respondent will be a caregiver and three respondents will be administrators/providers.

Written comments and recommendations concerning the proposed information collection should be sent by August 31, 2009 to: SAMHSA Desk Officer, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, DC 20503; due to potential delays in OMB's receipt and processing of mail sent through the U.S. Postal Service, respondents are encouraged to submit comments by fax to: 202-395-6974.

Dated: July 27, 2009.

Elaine Parry,

Director, Office of Program Services.

[FR Doc. E9-18315 Filed 7-30-09; 8:45 am]

BILLING CODE 4162-20-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Medicare & Medicaid Services

[Document Identifier: CMS-43, CMS-1763, CMS-R-194 and CMS-R-296]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

AGENCY: Centers for Medicare & Medicaid Services, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Centers for Medicare & Medicaid Services (CMS), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the Agency's function; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Application for Hospital Insurance Benefits for Individuals with End Stage Renal Disease; *Use:* Effective July 1, 1973, individuals with End Stage Renal Disease (ESRD) became entitled to Medicare. Because this entitlement has a different set of requirements, the existing applications for Medicare were not sufficient to capture the information needed to determine Medicare entitlement under the ESRD provisions of the law. The Application for Hospital Insurance Benefits for Individuals with End Stage Renal Disease, was designed to capture all the information needed to make a Medicare entitlement determination; Form Numbers: CMS-43 (OMB#: 0938-0800; *Frequency:* Reporting—Once; Affected Public: Individuals or households; *Number of Respondents:* 60,000; *Total Annual Responses:* 60,000; *Total Annual Hours:* 25989. (For policy questions regarding this collection contact Naomi Rappaport at 410-786-2175. For all other issues call 410-786-1326.)

2. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Request for Termination of Premium Hospital and/or Supplementary Medical Insurance; *Use:* The Social Security Act (the Act) allows a Medicare enrollee to voluntarily terminate Supplementary Medical Insurance (Part B) and/or the premium Hospital Insurance (premium-Part A) coverage by filing a written request with CMS or the Social Security Administration (SSA). The Act also stipulates when coverage will end based upon the date the request was filed. Because Medicare is recognized as a valuable protection against the high cost of medical and hospital bills, when an individual wishes to voluntarily terminate Part B and/or premium Part A, CMS and SSA requests the reason that an individual wishes to terminate coverage to ensure that the individual understands the ramifications of the decision. The Request for Termination of Premium Hospital and/or Supplementary Medical Insurance,

provides a standardized form to satisfy the requirements of law as well as allowing both agencies to protect the individual from an inappropriate decision; Form Numbers: CMS-1763 (OMB#: 0938-0025; *Frequency:* Reporting—Once; Affected Public: Individuals or households; *Number of Respondents:* 14,000; *Total Annual Responses:* 14,000; *Total Annual Hours:* 5,831. (For policy questions regarding this collection contact Naomi Rappaport at 410-786-2175. For all other issues call 410-786-1326.)

3. *Type of Information Collection Request:* Extension of a currently approved collection; *Title of Information Collection:* Medicare Disproportionate Share Adjustment Procedures and Criteria and Supporting Regulations in 42 CFR 412.106; *Use:* Section 1886(d)(5)(F) of the Social Security Act established the Medicare disproportionate share adjustment (DSH) for hospitals, which provides additional payment to hospitals that serve a disproportionate share of the indigent patient population. This payment is an add-on to the set amount per case CMS pays to hospitals under the Medicare Inpatient Prospective Payment System (IPPS).

Under current regulations at 42 CFR 412.106, in order to meet the qualifying criteria for this additional DSH payment, a hospital must prove that a disproportionate percentage of its patients are low income using Supplemental Security Income (SSI) and Medicaid as proxies for this determination. This percentage includes two computations: (1) The "Medicare fraction" or the "SSI ratio" which is the percent of patient days for beneficiaries who are eligible for Medicare Part A and SSI and (2) the "Medicaid fraction" which is the percent of patient days for patients who are eligible for Medicaid but not Medicare. Once a hospital qualifies for this DSH payment, CMS also determines a hospital's payment adjustment; Form Numbers: CMS-R-194 (OMB#: 0938-0691; *Frequency:* Reporting—Occasionally; Affected Public: Business or other for-profit and Not-for-profit institutions; *Number of Respondents:* 800; *Total Annual Responses:* 800; *Total Annual Hours:*